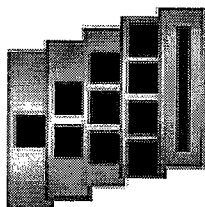


United States Army Reserve
Warrant Officer Flight Application
Sample Packet



Warrant Officer Flight Training Program Procedures
As of 29 September 2004

1. The following guidance is provided to assist you in preparing Warrant Officer MOS 153A Rotary Wing Aviator application packets for the Army Reserve. All Warrant Officer MOSs require the applicant have experience in the enlisted feeder MOS, with the exception of 153A.

2. Non-Waiverable Criteria:

- a. US Citizenship
- b. General Technical (GT) score of 110 or higher
- c. High School graduate or have a GED
- d. Secret, Interim Secret, or Continued Access Secret security clearance
- e. Pass the standard 3-event Army Physical Fitness Test (APFT)
- f. Meet height and weight standards
- g. Pass the Class 1A flight physical

3. Minimum Prerequisites: (OCAR INTRANET web site provides current updates)

- a. Any MOS may apply.
- b. Applicant must be at least 18, but not have reached the 29th birthday at the convening date of the DA selection board.
- c. Applicant must not have exceeded the age of 30 upon beginning flight training.
- d. Applicant must score 90 or higher on the Alternate Flight Aptitude Selection Test (AFAST).
- e. Applicant must successfully pass a Class 1A Flying Duty Medical Examination (FDME) IAW AR 40-501 that has been approved by the Commander, US Army Aeromedical Center at Fort Rucker, AL.
- f. It is recommended, but not required, that applicants have a letter of recommendation from an Army Aviator in the rank of CW3 to CW5 or Major or above. If the unit commander or above is a field grade aviator, the aviator interview may be part of the commander's endorsement. In this case, the commander's endorsement must contain the same statement required for the aviator interview. Use a memorandum format and start with the statement: "I have interviewed (name) and find (he/she) has the needed personal characteristics, motivation, physical stamina, and qualifications to be appointed a US Army Reserve Warrant Officer and appears acceptable for selection into the WOFT program as a Warrant Officer Candidate". Applicants from other military services may be interviewed by a field

grade aviator from their branch of service if an Army aviator is not readily available. Army aviators will conduct the interviews whenever possible.

4. Proponent Point of Contact: 334/255-3999

5. Packet Preparation:

a. Assemble the application using the sample packet as a guide. **The Army Reserve Warrant Officer Flight Checklist (USARC test Form 136-R) must be submitted with the completed packet.** (The test period for this form will expire upon implementation of the automated application system.) **DO NOT** send an incomplete application with plans to send the missing documents(s) later. **DO NOT** use document protectors or binders.

b. DA Form 61 and DA Forms 3574/3575/4989-R are on Delrina Form Flow. Soldiers complete the DA Form 3574 on their first term of service, and Soldiers on a subsequent enlistment complete DA Form 3575.

c. All completed packets will be submitted to the Special Missions NCO at the Regional Readiness Command (RRC). The RRC Special Missions NCO will notify the Area Manager of any discrepancies. Once discrepancies have been corrected, the Special Missions NCO will forward the packet to the OCAR-RTD Warrant Officer Section for processing.

d. The OCAR-RTD Warrant Officer Section will forward aviation applications that require waiver(s) approval/disapproval to the Aviation Proponent at Ft. Rucker. OCAR-RTD will return disapproved aviator applications to the RRC Special Missions NCO with an explanation of disapproval. OCAR-RTD will prepare Ft. Rucker-approved applications and applications that do not require waivers for presentation to the next scheduled DA WO Selection board.

e. Applications that are incomplete or need corrections will be held by the OCAR-RTD WO Team no more than 10 days after receipt, pending receipt of required corrections. OCAR-RTD will return applications to the RRC Special Missions NCO after 10 days if corrections are not received. The RRC may resubmit the WO application to OCAR-RTD upon completion.

f. Applicants will be notified of the DA WO Selection Board results through their RRC. The Human Resource Command (HRC) will notify all selected applicants with the Warrant Officer Candidate School (WOCS) date.

6. The WOFT packet is generally the same packet as used in applying for technical Warrant Officer MOSs, except for the following:

a. **Alternate Flight Aptitude Selection (AFAST).** You should first try to schedule the AFAST through your education services officer. Next option is to schedule at the Military Entrance Processing Station (MEPS). Review DA Pamphlet 611-256-2 regarding AFAST for further information.

If the test is taken at a MEPS, the MEPCOM FORM 680-3A-E indicating the test score can be used for score verification.

b. **Class 1A flight physical** must be approved and stamped by the Aeromedical Center at Fort Rucker, Alabama.

c. **DA FORM 4989-R, WARRANT OFFICER FLIGHT TRAINING APPLICATION.**

d. **DA FORM 5006-R, AUTHORIZATION FOR DISCLOSURE OF INFORMATION.**
(RTNCO will need this to be able to pick up the physical when completed.)

7. Class 1A Flight Physicals:

a. Class 1A flight physicals are required for all flight applicants. This physical is not the same as a Chapter 2 pre-commissioning physical. IAW AR 40-501, dated 29 August 2003, chapters 2 and 6 apply to Class 1A flight physicals. For flight training, a Type B medical examination is needed to meet Class 1A flying duty medical fitness standards.

b. Flight physicals are preferably done at a military installation that has a Flight Surgeon on staff. All Class 1A Flight physicals, once completed, will be picked up by the RTNCO and **mailed to Commander, USAAMC, ATTN: MCXY-AER, Ft. Rucker, AL 36362-5333.** 10 to 15 days after AEROMED receives the physical, it will be screened and either approved or disapproved and returned to the facility that conducted the physical. **(Flight physicals that are performed by a Flight Surgeon are electronically sent to AEROMED and will get results within 10 days.)**

c. Flight physicals from other branches such as Air Force or Navy will be accepted and will be mailed to AEROMED at the address in paragraph 2 above.

Army Reserve Warrant Officer Flight Checklist

(The proponent agency is OCAR RTD)

RRC: _____ Rank: _____ WMOS: _____

Applicant's Name: _____

Unit Assigned: _____ UIC: _____ Unit Phone: _____

Unit Address: _____

Applicant is: USAR TPU _____ OTHER _____

YES NO

- ____ DA Form 4989-R (Warrant Officer Flight Training Application)
- ____ DA Form 61 (w/Commander's statement signed in Block 41)
- ____ DA Form 6256 or DOD 1304 (FAST or AFAST Scoring Worksheet)
- ____ Recommendation by Applicant's Unit Commander
- ____ Recommendation by Applicant's Battalion Commander
- ____ Interview Statement from a Field Grade Army Aviator
- ____ Statement of Aviation training and/or experience (*attach copies of pilot ratings, logbook*)
- ____ Other Letters of Recommendation
- ____ Waivers: Moral _____ Prerequisite _____ Age _____ Medical _____ BNCOC _____
- ____ DA Photo
- ____ Resume
- ____ DA Forms 2A and 2-1
- ____ DA Form 2166-8 (NCOERs for last five years)
- ____ NCOER Letter (for missing evaluations)
- ____ Training Certificates - MOS - Leadership
- ____ Transcripts
- ____ Security Clearance Letter (Clearance level, investigation, date initiated)
- ____ DA Form 3574 or 3575
- ____ Statement of Understanding
- ____ Initial Class 1 flight physical with aeromedical approval stamp by Ft. Rucker
- ____ Statement of Religious Practices
- ____ Is applicant mobilized?
- ____ UIC _____ Para _____ Line _____ Posn _____ WMOS _____ Grade _____

WOANCO/LRTNCO OF CREDIT: _____ Phone: _____

RRC/MSC: _____

I HAVE REVIEWED THIS APPLICATION:

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

WARRANT OFFICER FLIGHT TRAINING APPLICATION

For use of this form, see AR 611-85; the proponent agency is MILPERCEN

DATE

Current Date

AUTHORITY

10 USC 3012

DATA REQUIRED BY THE PRIVATE ACT OF 1974

PRINCIPAL PURPOSE

To compile information needed to evaluate an application for training

ROUTINE USES

a. To evaluate application for warrant officer flight training. b. To record application for training

DISCLOSURE

Disclosure of requested data is voluntary. However, the action will not be completed without the requested data

INSTRUCTIONS

Submit only 1 copy to HQDA. Prepare any necessary informational copies for intermediate commands or other departmental agencies. For items 7 through 18, the applicant will enter his or her initials in the "Yes" or "No" column, as applicable. In item 19 on attachments, the applicant will check a "Yes", "No" or "NA" after each sentence. Item 21 will contain the signature of the commander who keeps the applicant's personnel records if all information is verified.

T0 (Type or print legibly)

Commander
HQ, USAREC
Fort Knox, KY 40121-2726

1. NAME (Last, First, Middle) (Complete unit address and phone number)

WHO, You Are
HHC, III Corps
Fort Hood, TX 76544 (DSN 738-7411)

2. SSN

3. GRADE

4. SEX

5. MOS/SSI

6. SERVICE/STATUS

APPLICANT REQUIREMENTS

Yes

No

7. Made a score of 90 or higher on the FAST. (One time retest permitted not sooner than 6 months after initial testing per AR 611-5) Enter FAST score in remarks.

X

8. Made a score of 110 or higher on aptitude area GT on the Army Classification Battery or the ASVAB. (Retesting permitted if authorized by AR 611-5) Enter GT score in remarks.

X

9. a. Meets Class 1 physical standards for flying duty per AR 40-501. (Enter date of physical exam in remarks.) b. Will be over 18 but not more than 30 years of age on entry into the warrant officer candidate Rotary Wing Aviator Course (Active.). c. Reserve component applicants will not be older than 27 years 6 months at the time of application.

X

10. a. Is a high school graduate or equivalent (Mandatory per AR 135-100). Enter year of graduation in remarks. b. Has 2 or more years of college credit (Preferred).

X

11. Has completed a basic training course (Active duty only). Enter BCT graduation year in remarks.

X

12. Has military or civil court convictions or has been adjudged a youthful offender. (If yes, believe convictions can be waived. See AR 135-100, para 1-6. Indicate which enclosure contains waiver information in remarks.)

X

13. Will have at least 2 years service remaining before ETS on reporting date to WOFT. See AR 611-85, para 2-3c. Enter in remarks current ETS and DEROS if overseas.

X

14. Understands the provisions of AR 611-112 which limits her future assignments in Army aviation (Female only).

15. Has disqualifying factors which would preclude appointment as a warrant officer under AR 135-100. (If yes, see AR 135-100, para 1-6. Indicate factors in remarks.)

X

16. Will enlist in the Army for a period of 3 years. Agrees to serve out the remainder of his/her enlistment in a MOS to be selected by the Army if he/she does not complete flight training (Applicants from other than Army. Mandatory. AR 601-210)

X

17. Will serve as an active duty warrant officer for at least 5 years after completing flight training and serve any remaining military service obligation in the Reserve Component. (He/she may discharge other obligations incurred under AR 135-91 concurrently. Active duty applicants only. Mandatory).

X

18. a. Will serve as a Reserve Component warrant officer for at least 5 years after completing flight training. (He/she may discharge other obligations incurred under AR 135-91 concurrently. Reserve applicants only. Mandatory). b. Lives close to a unit which will have a TOE vacancy requiring this specialty when the applicant is available. (Reserve Component applicants. Enter the unit with the available vacancy in remarks.)

X

19. ATTACHMENTS

Yes

No

NA

a. Copy of DA Form 6256 (FAST Scoring Worksheet)

X

b. Copy of enlisted qualification record. (DA Form 212-1 for Army applicants)

X

c. Class 1 flight physical approved by Aeromedical Center. (Certified copy)

X

d. Copies of Civilian education documents and/or transcripts.

X

e. Interview statement by field grade Army aviator.

X

f. Copy of National Agency Check (NAC) and/or final security clearance.

X

g. Statement of aviation training and/or experience. (Attach copies of pilot ratings; logbooks and other appropriate documents.) No originals.

X

h. Conditional release from losing service (Applicants from other than U.S. Army.)

X

i. Documents which grant any waivers IAW AR 601-210 or AR 135-100.

X

REMARKS (Continue on white bond paper if necessary)

7. AFAST Score: 129

8. GT: 119

9. Physical Exam Approved by US Army Aeromedical on 29 Jan 03

10. High School Graduation Date: 1988

11. BCT Graduation Date: 1992

12. ETS: _____ DEROS: _____

20. APPLICANT'S SIGNATURE

21. CERTIFIED AS ACCURATE AND CORRECT BY (Typed name, rank, and title.)

Applicant's Signature

Must be signed by your CDr or your Personnel Officer

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

USAPPC V2.00

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR?		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO (If yes, attach affidavit)		
25. <input checked="" type="checkbox"/> I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.						
26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.						
27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)						
a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	Army Reserve Control Group (AGR)	27 Dec 91	31 Apr 95	75H30		SSG/RC
	U.S. Army	25 Jun 87	24 Jun 89	71L10		SPC/AC
WARRANT OFFICER						
COMMISS- SIONED						
I. DATE CURRENT ACTIVE DUTY TOUR TERMINATES _____ g. DATE OF LAST ADL PROMOTION _____						
28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)						
a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	Army Reserve	01 May 95	Present	75H30		SSG/RC
	Michigan Army National Guard	03 Jan 90	03 Dec 90	75B20		SGT/ARNG
	Army Reserve Control Group (IRR)	25 Jan 89	02 Jan 90	71L10		SPC/RC
WARRANT OFFICER						
COMMISS- SIONED						
29. SOURCE OF CURRENT COMMISSION (If applicable)				30. AWARDS (Do not list theater or service medals)		
ARNGUS: <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT				AAM, ARCAM, MSM, ARCOM		
USAR: <input type="checkbox"/> ROTC <input type="checkbox"/> ROTC (ECP) <input type="checkbox"/> ROTC (SMP) <input type="checkbox"/> OCS				(Personal Awards)		
<input type="checkbox"/> DIRECT APPOINTMENT						
31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC				b. OCS		
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO		
c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)				d. APPOINTMENT IN REGULAR ARMY		
YES NO				YES NO		
AS A WARRANT OFFICER				AS A WARRANT OFFICER		
AS A COMMISSIONED OFFICER				AS A COMMISSIONED OFFICER		
e. IF ANSWER IS "YES", EXPLAIN FULLY						
32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment)						
NO						
33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet).						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

AFAST SCORES

DA FORM 6256

OR

DOD FORM 1304

(Unit Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR President, Warrant Officer Accession Board

SUBJECT: Letter of Recommendation for Selection as a Warrant Officer
(LAST NAME, First Name, MI, SSN)

1. Memorandums should be 3 to 5 paragraphs with specific, quantifiable comments about the service member's character and tactical and technical competence.
2. Can use information from the service member's entire record, including comments about schools completed, assignments, civilian expertise, deployments, impact awards, achievements and accomplishments.
3. Generic flowery comments are not effective in communicating the service member's attributes to board members. If you can change the name of the person being recommended to someone else and the comments are not false, then the letter is probably too generic to communicate effectively to board members.

(Signature)

*(Signature Block of Recommending
Officer)*

(Unit Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR Warrant Officer Selection Board

SUBJECT: Field Grade Army Aviator Interview Statement

1. Reference to AR 611-85, para 1.12, an interview was performed to determine leadership potential and motivation to graduate from Aviation Warrant Officer Training.

2. This interview was conducted on the following soldier:

Rank & Name:

Unit of Assignment:

Address:

Home Address:

City, ST

3. During the interview with **(Rank & Name)**, it was easy to determine that he/she possesses all the necessary tools to enter and complete the Aviation Warrant Officer Training Program. **(Rank & Name)** presented himself/herself with confidence and strong military bearing throughout the interview.

4. A review of his/her records indicate that **(Rank & Name)** possesses all of the necessary leadership skills required of a soldier that would be an asset to the Warrant Branch as well as Army Aviation.

5. I highly recommend **(Rank & Name)** to be selected for the Aviation Warrant Officer Training Program. The applicant has the needed personal characteristics and qualifications to be a Warrant Officer Aviator.

6. Point of contact for this is **(Rank & Name)** at Commercial (112) 345-6789, DSN 123-4567 or email at _____.

(Signature Block of Recommending Aviator)

(A separate waiver request must be submitted for each prerequisite.)

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition
Division
(DAAR- RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Request for Prerequisite
Request for Age Waiver
Request for Medical Waiver
(Select the appropriate waiver)

1. Indicate the type of waiver you are requesting. Example: Request an age waiver; Request a medical waiver; Request a prerequisite waiver for (indicating the prerequisite you wish to waive).

2. Anyone can request a prerequisite, age, or medical waiver, however; not everyone will get the waiver approved. Provide a detailed explanation why you feel this waiver should be approved. Please note that waivers are approved only in unusual circumstances. Prerequisite waiver requests that do not give adequate justification, i.e. unusual skills, unique talent, special circumstances, ect. will probably be disapproved. Asking for these waivers just because they are a part of the application will not result in approval.

(Signature)
(Full Name)
(Rank)

(You will use this moral waiver request if you responded YES to Block 26 of the DA Form 61. If you responded NO, you do not need a moral waiver.)

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition Division (DAAR-RTD-WO), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Request for Moral Waiver

1. Request a waiver of the following offense: (Indicate specifically what you were charged with. Do not simply list Article 92, Article 32, etc. You must request a moral waiver for any infractions listed on your enlistment contract or for any Article 15s, to include Summarized. A moral waiver is not required for traffic fines of \$250.00 or less. Do not include court costs.)
2. Date of offense: (month and year)
3. Place of offense: (city and state)
4. Punishment imposed: (fine amount, forfeiture amount, extra duty, letter of reprimand, etc.)
5. Mitigating circumstances surrounding the charge: There are three points to address: (1) accepting responsibility for your actions, (2) the lessons learned, and (3) how you now contribute to your unit, community and military service.

(Signature)
(Full Name)
(Rank)
(SSN)

Note: A separate moral waiver request must be submitted for each offense.

OFFICIAL
DA PHOTO

NAME: WHO, You Are
RANK: Sergeant
SSN: 000-00-0000

ADDRESS: Street Address
City, State ZIP
Telephone Number
Email:

UNIT: HHC, III Corps
Fort Hood TX 76544
DSN: 738-7411
Email:

OBJECTIVE: To obtain an appointment as a warrant officer, USAR, in MOS 153A, Aviator

CIVILIAN EDUCATION: (*This should agree with Block 21 of the DA Form 61*)

Bachelor of Science, University of Maryland, College Park, MD; Associate of Arts, Central Texas College, Killeen, TX; Diploma, Orchard View High School, Muskegon, MI (**Bold high GPA, Dean's List, special recognition, etc**)

MILITARY EDUCATION:

List in order from most recent to earliest training attended/completed.

12 Jan 97 - 11 Apr 97
BNCOC
US Army Soldier Support Center
Ft Jackson, SC

Bold individual accomplishments such as **distinguished** or **honor graduate**. Stress MOS related subjects. How is school relevant? Indicating mid-level management school or just listing the scope of training is not very descriptive.

6 Aug 95 - 1 Sep 95
PLDC
NCO Academy
Camp Jackson, Korea

Resume is very important, it shows your ability to communicate in written form. Write at the 12th grade level and use a thesaurus to help with vocabulary. Do both spell and grammar checks because errors will doom an application.

1 Feb 93 - 12 Mar 93
Personnel Management Specialist
US Army Soldier Support Center
Fort Jackson, SC

There will be board members unfamiliar with your MOS so use easily understood terms. Make it reader-friendly. If using MOS specific terms, spell them out and **show the acronym in bold in parenthesis**. It is acceptable to use the acronym alone the second time. **Don't overuse bolding effect**, it could be a distraction to board members.

Can list correspondence courses but not subcourses

MILITARY EXPERIENCE:

Jul 97 - Present
Enlisted Assignments NCO
HHC, III Corps
Fort Hood, TX

List **ALL** military assignments

Concise job description focusing on the unique characteristics of your specific position. List **outstanding achievements** and **additional duties** while in position. Spell out terms that apply to your assignment and then **bold the acronym** for any key terms/buzzwords in your MOS, i.e. Prescribed Load List (**PLL**).

Jul 94 - Jun 97
Records NCO
Ft Jackson, SC

Bold any significant achievements, impact awards, receipt of unit coins, certificates of achievement or appearance before soldier/NCO of the month/qtr boards.

Jun 93 - Jun 94
Levy Clerk
A Det 516th PSB
APO AP 96205, Korea

Focus on **measurements of success**. **NOT** just a job description, but how well you did the job. Use NCOER bullets as a reference. Mention if you **exceeded standards on a significant inspection/evaluation**. **Bold deployments** or make a separate assignment entry if deployment was for several months.

CIVILIAN EXPERIENCE PERTINENT TO MOS 153A: (If none, then omit this part)

Jan 90 - Dec 90
Secretary
Kelly Temporary Services
Grand Rapids, MI

Use same guidance as above. Explain any relevant experience or training you obtained that pertains to the requested WO MOS.
Leave blank if no relevant civilian experience.

SUMMARY:

Write a paragraph or two explaining why you are fully qualified to perform the duties of a warrant officer in your skill. This is a very important part of the resume. Make this a call to action, but do so without turning off the reader. Include in **bold type** all of your **significant accomplishments/achievements (below-the-zone promotions, impact awards, noteworthy distinctions, deployments, challenging assignments, unique skills in MOS, standards exceeded on a significant inspection/evaluation, etc)** mentioned earlier and explain how you are exceptionally qualified and have the leadership, management and technical skills needed to become a WO. Answer this question: **What have you done or accomplished that sets you apart from your peers?** (Additionally, aviator applicants should include why they want to be an Aviator.)

SIGNATURE & DATE

Other notes:

- Use plain white paper, black ink and a 12 point standard font such as Arial or Times New Roman.
- Don't go through a big expense. Prepare the resume yourself, but do a quality job.
- If you are non-Army, the resume takes on increased importance in conveying your qualifications to become an Army Warrant Officer.

UPDATED, SIGNED AND DATED
RELEVANT INFORMATION SHOULD MATCH EACH OTHER AND NCOERS

DA FORM 2A

AND

DA FORM 2-1

Provide all DA Form 2166-8s

(Letterhead)

(Office symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition
Division (DAAR-RTD-WO), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Missing NCOER's

1. Explain why NCOER's are missing and what action has been taken to recover them.
2. Please continue to consider my packet for warrant officer candidacy.

(Signature)
(Full Name)
(Rank)
(SSN)

Note: A separate waiver request must be submitted for each prerequisite.

SERVICE SCHOOL ACADEMIC EVALUATION REPORT <small>For use of this form, see AR 623-1; the proponent agency is MILPERCEN.</small>				DATE	
1. LAST NAME - FIRST NAME - MIDDLE INITIAL		2. SSN	3. GRADE	4. BR	5. SPECIALTY/MOSC
6. COURSE TITLE		7. NAME OF SCHOOL			8. COMP
9. TYPE OF REPORT <input type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT	10. PERIOD OF REPORT (Year, month, day) From: Thru:		11. DURATION OF COURSE (Year, month, day) From: Thru:		
12. EXPLANATION OF NONRATED PERIODS					
13. PERFORMANCE SUMMARY *a. <input type="checkbox"/> EXCEEDED COURSE STANDARDS (Limited to 20% of class enrollment) b. <input type="checkbox"/> ACHIEVED COURSE STANDARDS *c. <input type="checkbox"/> MARGINALLY ACHIEVED COURSE STANDARDS *d. <input type="checkbox"/> FAILED TO ACHIEVE COURSE STANDARDS *Rating must be supported by comments in ITEM 16.			14. DEMONSTRATED ABILITIES a. WRITTEN COMMUNICATION <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR b. ORAL COMMUNICATION <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR c. LEADERSHIP SKILLS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR d. CONTRIBUTION TO GROUP WORK <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR e. EVALUATION OF STUDENT'S RESEARCH ABILITY <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR (SUPERIOR/UNSAT rating must be supported by comments in ITEM 16)		
15. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (A "NO" response must be supported by comments in ITEM 16)					
16. COMMENTS (This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential, leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs)					
17. AUTHENTICATION					
a. TYPED NAME, GRADE, BRANCH, AND TITLE OF PREPARING OFFICER				SIGNATURE	
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER				SIGNATURE	
18. MILITARY PERSONNEL OFFICER					
a. FORWARDING ADDRESS (Rated student)				b. DISTRIBUTION <input type="checkbox"/> STUDENT <input type="checkbox"/> UNIT CDR (P/B NCOES only) <input type="checkbox"/> STUDENT'S OFFICIAL MILITARY RECORDS	

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR RECORD

SUBJECT: **Security Clearance/Access Determination**

1. Reference Army Regulation 380-67, 9 September 1988, Department of the Army Personnel Security Program.
2. This memorandum provides security clearance/access confirmation of the following names individual assigned for duty at the _____ Regional Readiness Command:
 - a. NAME/RANK/SSN:
 - b. TYPE/DATE OF INVESTIGATION: BI/5 April 1988, Granted 27 August 1988. Periodic reinvestigation is open at DSS. Current clearance/access remains valid.
 - c. AUTHORIZED ACCESS UP AR 380-67: *****SECRET*****
3. Point of contact for further information is the undersigned at (xxx) xxx-xxxx.

FIRST M. LAST
Rank, USA
Command Security Manager

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR
UNDER THE PROVISIONS OF AR 135-100, OR 135-101, AS APPLICABLE
- INDIVIDUALS WITHOUT PRIOR SERVICE -**

For use of this form, see AR 135-100; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 651, 10 USC 270.

PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the 8-year statutory obligation.

ROUTINE USES: Information is used to establish and record the obligation incurred by the officer. The SSN is used to identify the member.

DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

***INSTRUCTIONS:** This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with the application for appointment as a commissioned or warrant officer in the USAR by all interested applicants without prior service.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 *, there are certain service obligations that you will incur if a commission is offered and you accept. The are explained in detail below. This information should be carefully studied prior to acknowledgement. This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the service requirements contained herein. Copies of this form with your signature will become part of your Official File if you are selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements:

1. I will incur a statutory military service obligation of 8 years commencing with the effective date of appointment.
2. Appointment under this program requires that I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect, or which may hereafter be placed into effect by proper authority.
3. I will enter on active duty for the period stipulated in my application or such lesser period as determined by the Department of the Army and upon completion of active duty I will be required to participate in the Army Reserve as follows:
 - a. If I am mandatorily assigned or voluntarily join a Reserve unit I will be required to attend all scheduled unit training assemblies (at least 48 per year) unless excused by proper authority.
 - b. As a member of a unit, I may be required to satisfactorily complete a period of annual active duty for training of not less than 14 days per year exclusive of travel time.
 - c. If I am not assigned to a unit, I will be assigned to the Individual Ready Reserve (IRR), and while so assigned I may be required to perform not more than 30 days active duty for training annually.
 - d. While a member of the IRR, I may be subject to assignment or reassignment to a unit.
 - e. For as long as I hold this appointment I am responsible for notifying my unit or IRR commander of the mailing address at which I will receive official orders and/or correspondence. It is also my responsibility to apply to and/or comply

**Enter applicable regulation that appointment is being tendered under AR 135-100, or AR 135-101.*

with all official orders and correspondence which I may receive. I understand that failure to notify my commander of an address where I can be reached or to comply with all official orders and correspondence could result in my being considered for elimination.

4. That as a Reserve Officer of the Army, I can become an officer of the Army National Guard of the United States if I am appointed and Federally recognized in the Army National Guard of a State, Puerto Rico, or the District of Columbia. I understand further that satisfactory service as a commissioned officer of the Army National Guard of the United States constitutes service in the Ready Reserve; accordingly, if Ready Reserve service in an appropriate activity of the United States Army Reserve is not available to me, I agree to accept appointment in the Army National Guard of a state *(including the District of Columbia and Puerto Rico)* in which I am residing, if tendered and to complete my Ready Reserve service as an officer of the Army National Guard of the United States.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve I may at any time be ordered to active duty involuntarily as an individual or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other condition authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned, having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve, acknowledge that all of the conditions of said appointment are understood and acceptable.

TYPED NAME OF APPLICANT *(Last - First - Middle Initial)*

DOE, JOHN P.

SOCIAL SECURITY NUMBER

111-11-1111

SIGNATURE

MUST SIGN

DATE

MUST DATE

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF
AR 135-100, OR AR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT A STATUTORY SERVICE OBLIGATION**

For use of this form, see AR 135-100; proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 270.
PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the service requirements.
ROUTINE USES: Information is used to establish and record the contractual service obligation incurred by the officer. The SSN is used to identify the member.
DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with application for appointment as a commissioned or warrant officer in the USAR by all interested applicants who do not have a statutory service obligation.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 (Applicable AR) * there are certain service obligations that you will incur if a commission is offered and you accept. They are explained in detail below. Individuals discharged prior to completing their statutory obligation incur a contractual obligation upon service reentry and are required to serve the number of years, months and days that were not served in their previous statutory obligation. This information should be carefully studied prior to acknowledgement.

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the contractual service requirements contained herein. Copies of this form with your signature will become part of your Official File if selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements for the entire period that I hold a USAR appointment. If an AMEDD volunteer, I agree to fulfill my contractual obligation under my active duty commitment. When I am released from active duty as an AMEDD officer, I will comply with the following USAR service requirements should a contractual obligation remain.

1. I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect or which may hereafter be placed into effect by proper authority.
2. I will enter on active duty or active duty for training when ordered by competent authority. Upon completion of active duty or active duty for training, I will participate in the Army Reserve as follows:
 - a. As a member of a Reserve Unit, I will attend all scheduled unit training assemblies *(at least 48 per year)* unless excused by proper authority.
 - b. As a member of a unit, I will satisfactorily complete one period of annual active duty for training of not less than 14 days per year exclusive of travel time.
 - c. If I am not assigned to a unit, I will be assigned to the individual Ready Reserve (IRR) and while so assigned, if so ordered by competent authority, will perform not more than 30 days active duty for training annually.
 - d. I will keep my commander advised of my current mailing address at which I will receive official correspondence.
 - e. I will reply to, and comply with all official orders and correspondence which I may receive.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve, I may at any time be ordered to active duty involuntarily as an individual, or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other conditions authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve acknowledge that all of the conditions of said appointment are understood and acceptable.

DATE <div style="text-align: center;">MUST DATE</div>	SOCIAL SECURITY NUMBER <div style="text-align: center;">111-11-1111</div>
NAME (Typed) (Last, First, MI) DOE, JOHN P	SIGNATURE <div style="text-align: center;">MUST SIGN</div>

**Enter applicable regulation that appointment is being tendered under (AR 135-100, or AR 135-101)*

(Letterhead)

(Office Symbol)

(Date)

Statement of Understanding for Appointment as a Warrant Officer

I understand that if I am appointed as a warrant officer in the Reserve of the Army with concurrent active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) unless I have been pre-certified by the WO MOS proponent.

I further understand that if I am appointed as a warrant officer in the reserve of the Army without concurrent active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) within two years of appointment unless I have been pre-certified by the WO MOS proponent or unless extended by HQDA.

I also understand that if I am eliminated from, or fail to successfully complete the technical and tactical certification as specified above, I may be subject to discharge, under regulations in effect at the time, from the Reserve of the Army.

(Signature)
(Name typed)
(SSN)

**DD FORM 2808
REPORT OF MEDICAL EXAMINATION
MUST HAVE THIS STAMP
AND EACH PAGE MUST
BE A "CERTIFIED TRUE COPY"**

**DEPT OF THE ARMY
ARMY AEROMEDICAL CENTER**

18-AUG-2003

A00001293540

**QUALIFIED
CLASS 1W FLYING DUTY**

REPORT OF MEDICAL EXAMINATION		1. DATE OF EXAMINATION (YYYYMMDD) MUST DATE		2. SOCIAL SECURITY NUMBER 111-11-1111	
PRIVACY ACT STATEMENT					
<p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p>PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>					
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DOE, JOHN P.		4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) 1234 MY STREET, MY HOMETOWN, ST 12345-0000		5. HOME TELEPHONE NUMBER (Include Area Code) 555-555-1212	
6. GRADE E-4	7. DATE OF BIRTH (YYYYMMDD) 19790714	8. AGE 25	9. SEX <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	10. RACE <input type="checkbox"/> American Indian/Alaskan Native <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN		12. AGENCY (Non-Service Members Only)		13. ORGANIZATION UNIT AND UIC/CODE D Co, 8th Bn 229 Avn Regt (ATK) Ft Knox, KY 40121 UIC: XXXXXX	
14.a. RATING OR SPECIALTY (Aviators Only)		b. TOTAL FLYING TIME		c. LAST SIX MONTHS	
15.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) Department of the Army Aviation Troop Medical Clinic Ireland Army Community Hospital Ft Knox, Ky 40121-5520	
15.c. PURPOSE OF EXAMINATION <input checked="" type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program					
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)					
		Nor- mal	Ab- nor- mal	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)	
17. Head, face, neck, and scalp					
18. Nose					
19. Sinuses					
20. Mouth and throat					
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)					
22. Drums (Perforation)					
23. Eyes - General (Visual acuity and refraction under items 61 - 63)					
24. Ophthalmoscopic					
25. Pupils (Equality and reaction)					
26. Ocular motility (Associated parallel movements, nystagmus)					
27. Heart (Thrust, size, rhythm, sounds)					
28. Lungs and chest (Include breasts)					
29. Vascular system (Varicosities, etc.)					
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)					
31. Abdomen and viscera (Include hernia)					
32. External genitalia (Genitourinary)					
33. Upper extremities					
34. Lower extremities (Except feet)					
35. Feet (See Item 35 Continued)					
36. Spine, other musculoskeletal					
37. Identifying body marks, scars, tattoos					
38. Skin, lymphatics					
39. Neurologic					
40. Psychiatric (Specify any personality deviation)					
41. Pelvic (Females only)					
42. Endocrine					
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____		35. FEET (Continued) (Circle category) Normal Arch Mild Asymptomatic Pes Cavus Moderate Pes Planus Severe Symptomatic			

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DOE, JOHN P.												SOCIAL SECURITY NUMBER 111-11-1111							
LABORATORY FINDINGS																			
45. URINALYSIS				a. Albumin				46. URINE HCG				47. H/H				48. BLOOD TYPE			
				b. Sugar															
TESTS				RESULTS				HIV SPECIMEN ID LABEL				DRUG TEST SPECIMEN ID LABEL							
49. HIV																			
50. DRUGS																			
51. ALCOHOL																			
52. OTHER																			
a. PAP SMEAR																			
b.																			
c.																			
MEASUREMENTS AND OTHER FINDINGS																			
53. HEIGHT		54. WEIGHT lbs.		55. MIN WGT - MAX WGT				MAX BF %				56. TEMPERATURE				57. PULSE			
58. BLOOD PRESSURE								59. RED/GREEN (Army Only)				60. OTHER VISION TEST							
a. 1ST		b. 2ND		c. 3RD															
SYS.		SYS.		SYS.															
DIAS.		DIAS.		DIAS.															
61. DISTANT VISION				62. REFRACTION BY AUTOREFRACTION OR MANIFEST								63. NEAR VISION							
Right 20/		Corr. to 20/		By		S.		CX		Right 20/		Corr. to 20/		by					
Left 20/		Corr. to 20/		By		S.		CX		Left 20/		Corr. to 20/		by					
64. HETEROPHORIA (Specify distance)																			
ES°		EX°		R.H.		L.H.		Prism div.		Prism Conv CT		NPR		PD					
65. ACCOMMODATION				66. COLOR VISION (Test used and result)				67. DEPTH PERCEPTION (Test used and score) AFVT											
Right		Left		PIP		/14		Uncorrected				Corrected							
68. FIELD OF VISION				69. NIGHT VISION (Test used and score)				70. INTRAOCULAR TENSION											
								O.D.				O.S.							
71a. AUDIOMETER		Unit Serial Number						71b. Unit Serial Number		72a. READING ALOUD TEST									
Date Calibrated (YYYYMMDD)								Date Calibrated (YYYYMMDD)											
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000		SAT		UNSAT		
Right							Right							72b. VALSALVA					
Left							Left								SAT		UNSAT		
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																			

CERTIFIED TRUE COPY
DATE:
BY:

REPORT OF MEDICAL HISTORY

Form Approved
OMB No. 0704-0413
Expires Aug 31, 2003

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

DOE, JOHN P.

2. SOCIAL SECURITY NUMBER

111-11-1111

3. TODAY'S DATE (YYYYMMDD)

20030814

4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)

5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)

Department of the Army
Aviation Troop Medical Clinic
Ireland Army Community Hospital
Ft Knox, Ky 40121-5520

CERTIFIED TRUE COPY
DATE:
BY:

b. HOME TELEPHONE (Include Area Code)

(555) 555-1235

X ALL APPLICABLE BOXES:

6.a. SERVICE

☒ Army ☐ Coast Guard
☐ Navy
☐ Marine Corps
☐ Air Force

b. COMPONENT

☐ Active Duty
☒ Reserve
☐ National Guard

c. PURPOSE OF EXAMINATION

☐ Enlistment ☐ Medical Board ☐ Other (Specify)
☒ Commission ☐ Retirement
☐ Retention ☐ U.S. Service Academy
☐ Separation ☐ ROTC Scholarship Program

7.a. POSITION (Title, Grade, Component)

b. USUAL OCCUPATION

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)

9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

YES NO

10.a. Tuberculosis

☐ ☐

b. Lived with someone who had tuberculosis

☐ ☐

c. Coughed up blood

☐ ☐

d. Asthma or any breathing problems related to exercise, weather, pollens, etc.

☐ ☐

e. Shortness of breath

☐ ☐

f. Bronchitis

☐ ☐

g. Wheezing or problems with wheezing

☐ ☐

h. Been prescribed or used an inhaler

☐ ☐

i. A chronic cough or cough at night

☐ ☐

j. Sinusitis

☐ ☐

k. Hay fever

☐ ☐

l. Chronic or frequent colds

☐ ☐

11.a. Severe tooth or gum trouble

☐ ☐

b. Thyroid trouble or goiter

☐ ☐

c. Eye disorder or trouble

☐ ☐

d. Ear, nose, or throat trouble

☐ ☐

e. Loss of vision in either eye

☐ ☐

f. Worn contact lenses or glasses

☐ ☐

g. A hearing loss or wear a hearing aid

☐ ☐

h. Surgery to correct vision (RK, PRK, LASIK, etc.)

☐ ☐

12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)

☐ ☐

b. Arthritis, rheumatism, or bursitis

☐ ☐

c. Recurrent back pain or any back problem

☐ ☐

d. Numbness or tingling

☐ ☐

e. Loss of finger or toe

☐ ☐

12. (Continued)

YES NO

f. Foot trouble (e.g., pain, corns, bunions, etc.)

☐ ☐

g. Impaired use of arms, legs, hands, or feet

☐ ☐

h. Swollen or painful joint(s)

☐ ☐

i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)

☐ ☐

j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint

☐ ☐

k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.

☐ ☐

l. Bone, joint, or other deformity

☐ ☐

m. Plate(s), screw(s), rod(s) or pin(s) in any bone

☐ ☐

n. Broken bone(s) (cracked or fractured)

☐ ☐

13.a. Frequent indigestion or heartburn

☐ ☐

b. Stomach, liver, intestinal trouble, or ulcer

☐ ☐

c. Gall bladder trouble or gallstones

☐ ☐

d. Jaundice or hepatitis (liver disease)

☐ ☐

e. Rupture/hernia

☐ ☐

f. Rectal disease, hemorrhoids or blood from the rectum

☐ ☐

g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)

☐ ☐

h. Frequent or painful urination

☐ ☐

i. High or low blood sugar

☐ ☐

j. Kidney stone or blood in urine

☐ ☐

k. Sugar or protein in urine

☐ ☐

l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)

☐ ☐

14.a. Adverse reaction to serum, food, insect stings or medicine

☐ ☐

b. Recent unexplained gain or loss of weight

☐ ☐

c. Currently in good health (If no, explain in Item 29 on Page 2.)


☐ ☐

d. Tumor, growth, cyst, or cancer

☐ ☐

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JOHN P.		SOCIAL SECURITY NUMBER 111-11-1111	
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES NO	
15.a. Dizziness or fainting spells		<input type="radio"/> YES <input type="radio"/> NO	
b. Frequent or severe headache		<input type="radio"/> YES <input type="radio"/> NO	
c. A head injury, memory loss or amnesia		<input type="radio"/> YES <input type="radio"/> NO	
d. Paralysis		<input type="radio"/> YES <input type="radio"/> NO	
e. Seizures, convulsions, epilepsy or fits		<input type="radio"/> YES <input type="radio"/> NO	
f. Car, train, sea, or air sickness		<input type="radio"/> YES <input type="radio"/> NO	
g. A period of unconsciousness or concussion		<input type="radio"/> YES <input type="radio"/> NO	
h. Meningitis, encephalitis, or other neurological problems		<input type="radio"/> YES <input type="radio"/> NO	
16.a. Rheumatic fever		<input type="radio"/> YES <input type="radio"/> NO	
b. Prolonged bleeding <i>(as after an injury or tooth extraction, etc.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
c. Pain or pressure in the chest		<input type="radio"/> YES <input type="radio"/> NO	
d. Palpitation, pounding heart or abnormal heartbeat		<input type="radio"/> YES <input type="radio"/> NO	
e. Heart trouble or murmur		<input type="radio"/> YES <input type="radio"/> NO	
f. High or low blood pressure		<input type="radio"/> YES <input type="radio"/> NO	
17.a. Nervous trouble of any sort <i>(anxiety or panic attacks)</i>		<input type="radio"/> YES <input type="radio"/> NO	
b. Habitual stammering or stuttering		<input type="radio"/> YES <input type="radio"/> NO	
c. Loss of memory or amnesia, or neurological symptoms		<input type="radio"/> YES <input type="radio"/> NO	
d. Frequent trouble sleeping		<input type="radio"/> YES <input type="radio"/> NO	
e. Received counseling of any type		<input type="radio"/> YES <input type="radio"/> NO	
f. Depression or excessive worry		<input type="radio"/> YES <input type="radio"/> NO	
g. Been evaluated or treated for a mental condition		<input type="radio"/> YES <input type="radio"/> NO	
h. Attempted suicide		<input type="radio"/> YES <input type="radio"/> NO	
i. Used illegal drugs or abused prescription drugs		<input type="radio"/> YES <input type="radio"/> NO	
18. FEMALES ONLY. Have you ever had or do you now have:		YES NO	
a. Treatment for a gynecological (female) disorder		<input type="radio"/> YES <input type="radio"/> NO	
b. A change of menstrual pattern		<input type="radio"/> YES <input type="radio"/> NO	
c. Any abnormal PAP smears		<input type="radio"/> YES <input type="radio"/> NO	
d. First day of last menstrual period (YYYYMMDD)		<input type="radio"/> YES <input type="radio"/> NO	
e. Date of last PAP smear (YYYYMMDD)		<input type="radio"/> YES <input type="radio"/> NO	
19. Have you been refused employment or been unable to hold a job or stay in school because of:		YES NO	
a. Sensitivity to chemicals, dust, sunlight, etc.		<input type="radio"/> YES <input type="radio"/> NO	
b. Inability to perform certain motions		<input type="radio"/> YES <input type="radio"/> NO	
c. Inability to stand, sit, kneel, lie down, etc.		<input type="radio"/> YES <input type="radio"/> NO	
d. Other medical reasons <i>(If yes, give reasons.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
20. Have you ever been treated in an Emergency Room? <i>(If yes, for what?)</i>		<input type="radio"/> YES <input type="radio"/> NO	
21. Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
22. Have you ever had, or have you been advised to have any operations or surgery? <i>(If yes, describe and give age at which occurred.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
23. Have you ever had any illness or injury other than those already noted? <i>(If yes, specify when, where, and give details.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
25. Have you ever been rejected for military service for any reason? <i>(If yes, give date and reason for rejection.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
26. Have you ever been discharged from military service for any reason? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
28. Have you ever been denied life insurance?		<input type="radio"/> YES <input type="radio"/> NO	
29. EXPLANATION OF "YES" ANSWER(S) <i>(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)</i>			
<div style="text-align: right;"> CERTIFIED TRUE COPY DATE: BY: </div>			

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JOHN P.		SOCIAL SECURITY NUMBER 111-11-1111	
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i>			
a. COMMENTS			
			
b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i>		c. SIGNATURE SIGNED	d. DATE SIGNED <i>(YYYYMMDD)</i> DATED

Statement of acknowledgment for accommodation of religious practices

Department of Defense policy is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline.

The Army places a high value on the rights of its members to observe the tenets of their respective religions.

Unit Commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need.

Policy guidelines are contained in AR 600-20 and AR 165-20.

I understand that the Army cannot guarantee accommodation of religious practices.

(Signed)

(Date)

MEDICAL RECORD	AUTHORIZATION FOR DISCLOSURE OF INFORMATION For use of this form, see AR 40-66; the proponent agency is Office of The Surgeon General.	
<p>This form will not be used for authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. For authorization to disclose alcohol or drug abuse patient information, see 42 USC section 290dd, 42 CFR part 2, AR 40-66, and AR 600-85.</p> <p>(Pursuant to the Privacy Act of 1974, 5 USC section 552a)</p>		
PHYSICIAN OR MEDICAL TREATMENT FACILITY AUTHORIZED TO RELEASE INFORMATION Aviation Medicine 851 Ireland Loop Ft Knox, KY 40121		It is understood that this authorization may be revoked at any time, if requested in writing, except to the extent that action will have already been taken.
PATIENT DATA		
NAME (Last, First, MI) Doe, John P.	DATE OF BIRTH (YYYYMMDD) 19890714	SOCIAL SECURITY/IDENTIFICATION NUMBER 111-11-1111
PERIOD OF TREATMENT (YYYYMMDD to YYYYMMDD) TO	TYPE OF TREATMENT <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	
RESTRICTIONS ON INFORMATION (Specify) Release of Initial Flight Physical Information. DD Form 2807-1 and DD Form 2808		
USE OF MEDICAL INFORMATION <input type="checkbox"/> FURTHER MEDICAL CARE <input type="checkbox"/> INSURANCE CLAIM(S) <input type="checkbox"/> ATTORNEY <input type="checkbox"/> DISABILITY DETERMINATION <input checked="" type="checkbox"/> OTHER (Specify) Preparation of United States Army Reserve Warrant Officer Flight Packet		
INFORMATION DESTINATION		
INDIVIDUAL OR ORGANIZATION TO WHOM INFORMATION SHOULD BE RELEASED (Name and Address) John P. Doe 81st Regional Readiness Command Distist 3, Area 15 Building 2324 Fort Knox, KY 40121-0000 Phone number: (555) 555-1215		
(ANY DISCLOSURE OF MEDICAL RECORD INFORMATION BY THE RECIPIENT(S) IS PROHIBITED EXCEPT WHEN IMPLICIT IN THE PURPOSES OF THIS DISCLOSURE)		
RELEASE AUTHORIZATION		
I hereby request and authorize the named physician/medical treatment facility to release the medical information described above to the named individual/organization indicated.		DATE (YYYYMMDD)
SIGNATURE OF PATIENT/PARENT/GUARDIAN		RELATIONSHIP TO PATIENT
IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE		